



1537 Florida Rd Suite 105
Durango, CO 81301
970-385-1745

Name _____ Age _____ DOB _____ Date _____

Do you have a history of

- Yes No
Eczema, skin changes? If so, where?
Asthma
Previous episodes of itchy skin reactions or rashes
Herpes Type
Systemic lupus erythematosia
Mixed Connective tissue disease
High Blood Pressure
Allergy to caine derivatives (lidocaine, novacaine etc.)
Thin skin
Sensitive Skin
Bruising easily
Bleeding disorders
Keloid scarring
Skin Cancer? If so, where?
Pregnant or planning a pregnancy?
Darkly pigmented skin spots after pregnancy, birth control or hormone therapy?
Allergy to any other substances including medication: Please name and describe

Have you ever had a bad reaction to a local anesthetic? To any anesthetic?
To a dental injection? please describe

Are you using any of the following? Circle those that apply.

- Anti-inflammatory drugs? (aspirin, Motrin, Ibuprofen?).
Antihistamines
Allergy injections
Cortisone, if so, name and dose?
Aspirin or blood thinners, if so, name and dose?
Insulin or medication for Diabetes?
Antibiotics?
Any medications for skin problems? Name?
St. John's Wort or other photosensitive medications?
Do you smoke? How many per day?

Please list any other medications, vitamins or supplements that you take regularly?

Skin Classification: please describe and circle your skin reaction - FITZPATRICK SKIN TYPE

- Type I Always burn never tan
Type II Always burn, sometimes tan
Type III Sometimes burn, always tan (burn first sun of summer season)
Type IV Never Burn, always tan
Type V Moderately pigmented (Hispanic, Asian, Mediterranean, Middle Eastern)
Type VI Black

Ethnicity including grandparents:

Skin Products you're using: